PART B - FEE(S) TRANSMITTAL

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address and indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or by indicating a separate "FEE ADDRESS" for

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

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Kia Silverbrook

04/02/2004

maintenance fee notifications.

10/815,609

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	10/24/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS]		
GRANT II, JEROME		2625	358-474000	•		
Change of correspondence address or indication of "Fee Address" (37 TFR 1.563). Change of correspondence address (or Change of Correspondence Address from PTOSB1/22) attached. "Fee Address" indication for "Fee Address" Indication form PTOSB1/8/17, Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm thaving as a member a registered attorney or agent) and the names of up to listed, no name will be printed; general, if no name is listed, no name will be printed; and			
(A) NAME OF ASS		ified below, no assignee sletion of this form is NO		atent. If an assignee is in assignment. If and STATE OR COUNT outh Wales, Australia	TRY)	ment has been filed i
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a. The following fee(s) are submitted:			th. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 504049 (enclose an extra copy of this form).			
a. Applicant clair	atus (from status indicate ns SMALL ENTITY statu nd Publication Fee (if req records of the United Sta	us. See 37 CFR 1.27.	b. Applicant is no lon	ger claiming SMALL EN	ΠΤΥ status. See 37 CFR	1.27(g)(2).
Authorized Signature	4.5	2		Date 30 July,	2008	

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